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## BIB DATA SHEET

CONFIRMATION NO. 5251

<b>SERIAL NUMBER</b> 10/568,781	<b>FILING or 371(c) DATE</b> 02/21/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 3347-0105PUS1	
<b>APPLICANTS</b> Istvan Lindmayer, Dobrokoz, HUNGARY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/HU04/00083 08/11/2004 YES - QNV <b>** FOREIGN APPLICATIONS *****</b> HUNGARY P0302704 08/21/2003 YES - QNV <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/18/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /QUYNH-NHU Acknowledged HOANG VU/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> HUNGARY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747 UNITED STATES					
<b>TITLE</b> Needleless injection device and cartridges					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		